UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

MUD WTR, INC.,

Plaintiff,

-against-

MUD LLC, et al.,

Defendants.

USDC SDNY
DOCUMENT
ELECTRONICALLY FILED
DOC #:
DATE FILED: _9/14/2023

23-CV-2033 (PAC) (BCM)

ORDER ADJOURNING SETTLEMENT CONFERENCE

BARBARA MOSES, United States Magistrate Judge.

The settlement conference originally scheduled for September 14, 2023, is ADJOURNED to October 10, 2023 at 2:15 p.m. No later than close of business on October 6, 2023, each party shall submit a confidential settlement update letter (including an updated acknowledgment form) to chambers by email, addressed to Moses_NYSDChambers@nysd.uscourts.gov, marked "Confidential Material for Use Only at Settlement Conference."

Dated: New York, New York September 14, 2023

SO ORDERED.

BARBARA MOSES

United States Magistrate Judge

ACKNOWLEDGMENT FORM-SETTLEMENT CONFERENCE

Counsel of record for each party must complete and sign this form and email it to the Court at Moses_NYSDChambers@nysd.uscourts.gov, with copies sent simultaneously to all other parties, no later than one week (seven calendar days) before the parties' scheduled settlement conference.

Name of Case:	
Docket No.: Dat	e of Sett. Conference:
Name of Party Submitting this Form:	□ Pltf. □ Def.
obligation to attend the settlement conference in client is a natural person), or by a client represeducision-maker with knowledge of the case and resettlement. I further acknowledge that if insurance client to settle this action, a representative of each	I counsel for the party listed above. I acknowledge my this action in person, accompanied by my client (if the entative (if the client is a non-natural person) who is a esponsibility for determining the amount of any ultimate e carrier approval, consent, or funding is required for my relevant carrier, who is a decision-maker with knowledge amount of any ultimate settlement (or the carrier's portion
 2. Client Attendance.* Check one box: ☐ My client is a natural person. My client wil ☐ My client is a corporation, union, agency or attend the settlement conference in person as a report of the conference in person as	other non-natural person. The following individual will
Name:	
Title:	
3. Carrier Attendance.* Check one box: ☐ No insurance carrier approval is required for ☐ The following individual will attend the se following insurance carrier:	r my client to settle this case. ttlement conference in person as a representative of the
Name:	
Title/Name of Carrier:	
Date	Signature of Lead Trial Counsel
	Print Name of Lead Trial Counsel

^{*} If you represent more than one party or require approval from more than one carrier you must submit attendance information for all clients and carriers.